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FEET TRANSMITTAL		Complete if Known					
		Application Number	10/594,907				
		Filing Date	August 7, 2008				
		First Named Inventor	Takeshi SAKAMOTO				
		Examiner Name	M. Jung				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2895				
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	046884-5519-00-US-232060			
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 50-0573 Deposit Account Name: Drinker Biddle & Reath LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
	Utility	380	190	620	310	250	125
	Design	250	125	120	60	160	80
	Plant	250	125	380	190	200	100
	Reissue	380	190	620	310	750	375
Provisional	250	125	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues) Fee (\$) 60 Fee (\$) 30 Each independent claim over 3 (including Reissues) Fee (\$) 250 Fee (\$) 125 Multiple dependent claims Fee (\$) 450 Fee (\$) 225							
Total Claims Fee (\$) _____ Fee (\$) _____ Fee Paid (\$) _____ - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Fee (\$) _____ Fee (\$) _____ Fee Paid (\$) _____ - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Fee (\$) _____ Fee (\$) _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ Fee (\$) _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) Fee (\$) _____ Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement Fee (\$) 180.00							
SUBMITTED BY Signature _____ Registration No. (Attorney/Agent) 33,818 Telephone 202.842.8886 Name (Print/Type) John G. Smith Date February 13, 2012							